

Key Provisions Related to Nursing

The newly released House bill, the *Affordable Health Care for America Act (HR 3962)*, clearly represents a movement toward much-needed, comprehensive and meaningful reform for our nation's healthcare system. As the largest single group of clinical health care professionals within the health system, licensed registered nurses are educated and practice within a holistic framework that views the individual, family and community as an interconnected system that can keep us well and help us heal. Registered nurses are fundamental to the critical shift needed in health services delivery, with the goal of transforming the current "sick care" system into a *true* "health care" system.

Nursing Workforce Development

Federal support for the Nursing Workforce Development Programs contained in Title VIII of the Public Health Service Act (PHSA) is essential. These programs recruit new nurses into the profession, promote career advancement within nursing, and improve patient care delivery. These programs are also used to direct RNs into areas with the greatest need – including departments of public health, community health centers, and disproportionate share hospitals.

The *Affordable Health Care for America Act (HR 3962)* makes a number of improvements in nursing programs, including increasing loan repayment benefits for nursing students and faculty; removing the cap on awards for nursing students pursuing a doctoral degree; and clarifying that nurse-managed health centers are eligible for grant awards. It also authorizes an additional \$638 million over the next five years (FY 2011 – FY 2015) for various nursing programs to be appropriated from the Public Health Investment Fund (under Sec. 2002). (Such funds are over and above the level of appropriations provided for FY 2008.) Please find below specific provisions in the *Affordable Health Care for America Act* related to the Nursing Workforce:

Division C—Public Health and Workforce Development

Title II – Workforce

Subtitle A — Primary Care Workforce

Section 2201 (page 1220) increases loan repayment benefits for each National Health Service Corps member to a maximum of \$50,000 per year. It also allows fulfillment of Corps service obligation through part-time service as well as through clinical teaching (for up to 20% of the period of obligated service).

Division C—Public Health and Workforce Development

Title II – Workforce

Subtitle B—Nursing Workforce

Section 2221: Amendments to Public Health Service Act

Section 2221(a) (page 1246) inserts and defines nurse-managed health centers (NMHCs) under the definitions of Title VIII eligible entities. The nurse-managed care model is recognized as a key to efficient, sensible, cost-effective primary health care. NMHCs are especially effective in providing individualized primary care that includes health promotion, disease prevention and early detection, health teaching, management of chronic conditions, treatment of acute illnesses, and counseling.

- Definition (page 1247): "a nurse-practice arrangement, managed by one or more advanced practice nurse, that provides primary care or wellness services to underserved or vulnerable populations and is associated with an accredited school of nursing, Federally qualified health center, or independent nonprofit health or social services agency;"

Section 2221(d) (page 1248) expands the Advanced Education Nursing grants to allow schools to provide support to not only those nursing students who will practice in underserved areas, but also students who contribute to increased diversity among advanced education nurses.

Section 2221(e) (page 1248) amends language related to Nurse Education, Practice, and Retention Grants.

Section 2221(f) (page 1249) will provide updates to the loan amounts for the Nursing Student Loan program and also specifies that and after 2012, the Secretary has discretion to adjust this amount appropriately.

Section 2221(g) (page 1249) expands the Nurse Loan Repayment and Scholarship Programs (NLRP) to provide loan repayment for students who serve for a period of not less than two years as a faculty member at an accredited school of nursing.

Section 2221(h) (page 1250) increases the Nurse Faculty Loan Program amounts to account for inflation from \$30,000 to \$35,000 and after 2012 gives Secretary the discretion to adjust this amount appropriately.

- This program is vital given the critical shortage of nursing faculty. America's schools of nursing cannot increase their capacity without an influx of new teaching staff. Last year, schools of nursing were forced to turn away tens of thousands of qualified applicants due largely to the lack of faculty.

Section 2221 (page 1251) Public Health Investment Fund, designated as Section 872.

- This program will create a mandatory funding stream, authorizing an additional \$638 million (FY2011-FY2015) for Title VIII programs. This is in addition to regular appropriations. Currently, Title VIII programs are funded at \$171 million.
- The Secretary should have discretion to determine funding levels for each of the Title VIII programs. The Secretary is best equipped to consult with the Division of Nursing within the Health Resources and Services Administration to determine the needs of the nursing workforce and to ensure.

Division C—Public Health and Workforce Development

Title II – Workforce

Subtitle C – Public Health Workforce

Section 2231 (page 1253) would establish a Public Health Workforce Corps to address public health workforce shortages. Modeled on the National Health Service Corps, the program provides scholarship and loan repayment support for public health professionals serving in areas of need.

Section 2232 (page 1262) would enhance the public health workforce by providing funding to support public health training programs.

Division C—Public Health and Workforce Development

Title II – Workforce

Subtitle D – Adapting Workforce to Evolving Health System Needs

Section 2242 (page 1268) addresses Nursing workforce diversity grants and clarifies requirements for the Secretary to consult with various nursing associations.

Advanced Practice Registered Nurses (APRNs)

In order to meet our nation's healthcare needs, an integrated national healthcare workforce that looks beyond physicians must be put into action. Advanced Practice Registered Nurses (APRNs), in particular Nurse Practitioners and

Nurse Midwives, are proven providers of high-quality, cost effective primary care. ANA has been advocating for the use of provider neutral language throughout the House and Senate bills. We also believe that any type of demonstration or pilot project that focuses on primary care should include nurse practitioners and certified nurse midwives and that nothing should preclude them from leading those models of care

The *Affordable Health Care for America Act* does focus on “community-based multidisciplinary teams” to support primary care through various demonstration and pilot programs. These models demonstrate a commitment to quality, coordinated care by all health providers, and represents a focus, not just on treating illness, but on emphasizing wellness and prevention. ANA is especially pleased that Nurse Practitioners have been recognized as primary care providers and authorized to lead various models of care, including the Medical Home and Independence at Home pilot program (IAH). APRN’s skill and education, which emphasizes patient and family-centered, whole-person care, makes them particularly well-suited providers to lead these models.

In addition to recognizing Nurse Practitioners as primary care providers and leaders, the *Affordable Health Care for America Act (HR 3962)* also addresses a woman’s access to high quality care and seeks to improve maternal and infant health. Certified Nurse Midwives (CNMs) provide essential primary care services to women of all ages. Multiple studies have documented the quality of services and positive outcomes associated with CNM care. Medicare has covered CNM services since 1988, but reimbursement has been limited to 65 percent of the amount afforded to other obstetrical and gynecological service providers. The *Affordable Health Care for America Act* addresses the Medicare reimbursement disparity for midwifery services by making reimbursement at 100 percent for midwifery services. Please find below additional provisions in the *Affordable Health Care for America Act* related to the Advanced Practice Registered Nurses:

Division B – Medicare and Medicaid Improvements

Title II – Medicare Beneficiary Improvements

Subtitle C – Miscellaneous Improvements

Section 1233 (page 641) provides coverage for Voluntary Advance Care Planning consultation between Medicare enrollees and practitioners (physician, nurse practitioner or physician assistant) to discuss advance care planning, advance directives, including living will and durable powers of attorney.

Division B – Medicare and Medicaid Improvements

Title III – Promoting Primary Care, Mental Health Services, and Coordinated Care

Section 1301 (page 653) creates an alternative pilot payment model within fee-for-service Medicare to reward physician-led organizations that take responsibility for the costs and quality of care received by their patient panel over time. The Accountable Care Organizations (ACOs) pilot program can include nurse practitioners and physician assistants.

Section 1302 (page 672) directs the Secretary to establish a pilot program to reward physicians and nurse practitioners who make their offices a “medical home” for patients by being fully available to patients and by ensuring that patient care is coordinated and comprehensive. There are two models in the provision: 1) the *independent patient-centered medical home*, structured around a provider, is targeted at the top half of high-need Medicare beneficiaries with multiple chronic diseases, and 2) the *community based medical home*, which may include any eligible beneficiary, is targeted at a broader population of Medicare beneficiaries and allows for State-based or non-profit entities to provide care-management supervised by a beneficiary designated primary care provider. It also provides approximately \$1.8 billion for the pilot programs. The Secretary is authorized to expand the program only if quality measures have been met and budget neutrality is demonstrated.

- Participation of Nurse Practitioners (page 674) – “Nothing in this section shall be construed as preventing a nurse practitioner from leading a patient centered medical home”

Section 1303 (page 693) increases the Medicare payment rate by 5% for primary care services of primary care practitioners specializing in primary care. Eligible practitioners practicing in health professions shortage areas receive an additional 5%.

- Definition of primary care practitioner (page 694): “means a physician or other health care practitioner (including a nurse practitioner)”

Section 1304 (page 697) would increase the reimbursement rate for Certified Nurse-Midwives for covered services from 65% of the rate that would be paid were a physician performing a service to the full rate. It would make the increased reimbursement rate for CNMs effective 1/1/2011.

Section 1312 (page 718) creates the Independence at Home Demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner directed home-based primary care teams aimed at reducing expenditures and improving health outcomes.

- Participation of Nurse Practitioners and Physician Assistants (page 721): “Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice...”

Division B – Medicare and Medicaid Improvements

Title VII – Medicaid and CHIP

Subtitle B – Prevention

Section 1713 (page 1045) would allow optional coverage of nurse home visitation services. The provision allows State Medicaid programs to cover home visits by trained nurses to families with a first-time pregnant woman or child under 2 eligible for Medicaid.

Division B – Medicare and Medicaid Improvements

Title VII – Medicaid and CHIP

Subtitle B – Access

Section 1721 (page 1055) would require State Medicaid programs to reimburse for primary care services furnished by physicians and other practitioners at no less than 80% of Medicare rates in 2010, 90% in 2011, and 100% in 2012 and after. It also maintains the Medicare payment differentials between physicians and other practitioners. The federal government would pay 100% of the incremental costs attributable to this requirement through 2014, then 90% in 2015 and beyond.

Section 1722 (page 1058) establishes a 5-year pilot program to test the medical home concept with Medicaid beneficiaries including medically fragile children and high-risk pregnant women. The federal government would match costs of community care workers at 90% for the first two years and 75% for the next 3 years, up to a total of \$1.235 billion.

Section 1730A (page 1073) would direct the Secretary to establish a program to allow State Medicaid programs to pilot one or more of the models used in the Medicare ACO pilot program established by section 1301 of the bill.

Section 1730B (page 1075) would require that State Medicaid programs reimburse school-based health clinics receiving funds under the program established by section 2511 on the same basis as they reimburse federally-qualified health centers (FQHCs).

Quality

Many recent studies have demonstrated what most health care consumers already know: nursing care and quality patient care are inextricably linked, in all care settings but particularly in acute and long-term care. Because nursing care is fundamental to patient outcomes, we are pleased that the *Affordable Health Care for America Act* places strong emphasis on reporting, both publicly and to the Secretary, of nurse staffing in long-term care settings. The availability of staffing information on the Nursing Home Compare website would be vital to helping consumers make informed decisions, and the full data provided to the Secretary will ensure staffing accountability and enhance resident safety.

Division B – Medicare and Medicaid Improvements

Title IV - Quality

Subtitle A - Comparative Effectiveness Research

Section 1401 (page 733) would create a new Center at the Agency for Healthcare Research and Quality, supported by a combination of public and private funding that will conduct, support and synthesize CER. It would also establish an independent stakeholder commission which recommends to the Center research priorities, study methods, and ways to disseminate research. The commission would have its own source of funding and also be responsible for evaluating the processes of the center and authorized to make reports directly to Congress. A majority of the Commission members would be required to be physicians, other health care practitioners, consumers or patients. It also contains protections to ensure that subpopulations are appropriately accounted for in research study design and dissemination; protections to prevent the Center and Commission from mandating payment, coverage or reimbursement policies; protections to ensure that research findings are not construed to mandate coverage, reimbursement or other policies to any public or private payer, and clarify that federal officers and employees will not interfere in the practice of medicine.

- ANA knows that quality care happens at the bedside and that nurses are an essential component of the patient care equation. To this end ANA has been working with the “Stand for Quality” coalition, a 200 plus nationwide multi-stakeholder coalition representing patients, consumer advocates, labor, clinicians, hospitals, employers, purchasers and researchers working together to improve the quality and delivery of health care services and to ensure that provisions which address this issue continue to remain in health care legislation as it advances through the process.

Subtitle B -- Nursing Home Transparency

Section 1413 (page 789) would direct the Nursing Home Compare Medicare Website to release information on staffing data for each facility, including resident census data, hours of care provided per resident per day, staffing turnover and tenure. Furthermore, it would need to be in a format for consumers to compare differences in staffing between facilities and State and national averages for facilities. Moreover, the format is to include: differences in types of staff; relationship between staffing levels and quality of care; explanation that appropriate staffing levels vary based on patient mix.

Section 1415 (page 811) directs the Secretary to create a standardized complaint form and requires states to establish complaint resolution processes. It also provides whistleblower protection for employees who complain in good faith about the quality of care or services at a skilled nursing facility.

Section 1416 (page 822) In skilled nursing facilities, it would ensure staffing accountability and require the Secretary to develop a program for facilities to report staffing information in a uniform format based on payroll data, including information on agency or contract staff. It would be effective two years after date of enactment.

Additional Nursing Provisions

Division C—Public Health and Workforce Development

Title IV – Quality and Surveillance

Section 2401 (page 1322) “Implementation of Best Practices in the Delivery of Health Care. This provision creates a Center for Quality Improvement to identify, develop, evaluate and help implement best practices.

- An entity which seeks a grant or contract must “agree to work with a variety of institutional health care providers, physicians, nurses, and other health care practitioners;” (Page 1325)
- Within 18 month’s of the bill’s passage, the Director of the Agency for Healthcare Research and Quality (AHRQ) must submit a report to Congress “on the impact of the nurse-to-patient ratio on the quality of care and patient outcomes, including recommendations for further integration into quality measurement and quality improvement activities.” (Page 1330)

Title V – Other Provisions

Subtitle B – Programs

Part 1 – Grants for Clinics and Centers

Section 2511 (page 1352) would establish a new program to support school-based health clinics that provide health services to children and adolescents. Provision would authorize \$50 million for FY 2011 and such sums as may be necessary for each of FY 2012 through FY 2015 to carry out this program.

Section 2512 (page 1361) establishes a new program to support nurse-managed health centers (centers operated by advanced practice nurses that provide comprehensive primary care and wellness services to underserved or vulnerable populations). It also authorizes such sums as may be necessary for each of FY 2011 through FY 2015 to carry out this program.

PART 2 – Other Grant Programs

Section 2521 (page 1372) establishes a new program at the Department of Labor to address projected nurse shortages; to increase the capacity for educating nurses; and to support training programs. Authorizes such sums as may be necessary for FY 2011 through FY 2015 to carry out this program.

Section 2536 (page 1462) establishes a demonstration program to reduce the student-to-school nurse ratio in public elementary and secondary schools. It also authorizes such sums as may be necessary for each of FY 2011 through FY 2015 to carry out this program.

Division D – Indian Health

Title I – Indian Health, Human Resources, and Development

Section 115 (page 1698) “Quentin N. Burdick American Indians Into Nursing Program.” This provision requires the Secretary to make grants to nursing schools, tribally-controlled, community and vocational colleges, and nurse midwife and advanced practice nurse programs to increase the number of nurses serving Indians, through scholarships, recruitment, continuing education or other programs encouraging nursing services to American Indians.

Section 120 (page 1710) The Nursing Residency Program would require the Secretary to establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses working for an Indian Health Program or urban Indian health program for at least 1 year to pursue advanced training in a residency program.